

State of California
Division of Workers' Compensation - Medical Unit
Replacement Panel Request-8 Cal. Code of Regulations section 31.5
(Please print or type)

7250892 Original panel number (Required) 7173815490 Claim number (Required) ADJ12031731 EAMS number (if a case is filed) 02/15/2019 Date of Injury (Required):

Employee first name (Required) Jonathan Middle Initial Shockley Employee last name (Required) _____
Requesting Party (Required)
☒ Applicant's Attorney/Injured Worker
☐ Defense Attorney/Claims Administrator

Indicate the reason why each QME should be replaced. A list of reasons is included in the instructions to this form. Attach documentation to this form to support the request for a new panel or explain the reason for the request in the space provided below. The failure to adequately document your request may result in your requests being delayed, returned or rejected.

PAUL SANDHU
1. QME Name (Required)

31.5(a)(2)-The QME cannot schedule an appointment within 60 or 90 days. Indicate the date of the initial request for an appointment in the space provided below.
Reason for Replacement (Required)

WAYNE ANDERSON
2. QME Name

☒ In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

GARY MARTINOVSKY
3. QME Name

☒ In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Use this space to provide additional information about your request; attach additional pages as necessary to explain the issues concerning your replacement request. Please attach additional documentation as necessary to support your request. Requests that are either incomplete, inadequately documented or are otherwise incomprehensible will be returned. Please indicate the new address of the injured worker or the workplace zip code where the panel should be issued in the space provided below.

DR. SANDHU IS NOT SCHEDULING WITHIN 90 DAYS. INITIAL REQUEST WAS MADE ON APRIL 12, 2019.

06/03/2019 Date of Request: (mm/dd/yyyy) Iana Zadneprovskaja Name of Requestor (Required) (510) 444-2512 Requestor Phone Number:

335 Hegenberger Road Suite 504 Requestor Street Address (Required) Oakland Requestor City (Required) CA Requestor State (Required) 94621 Requestor Zip Code (Required)

Iana Signature of Requestor:

Date Request Received: 04/11/2019

Date Issued: 04/12/2019

No. of Request: 1

Claim No(s): 7173815490

Date(s) of Injury: 02/15/2019

Requesting Party: APPLICANT ATTORNEY

Employer: CARDIONET LLC

Ins./Adj. Agency: MARIO CASTRO
CHUBB GROUP LOS ANGELES
PO BOX 42065
PHOENIX, AZ 85080

Employee: JONATHAN SHOCKLEY

Applicant Attorney: IANA ZADNEPROVSKAIA
FARBER OAKLAND
333 HEGENBERGER RD STE 504
OAKLAND, CA 94621

Defense Attorney:

Selected Qualified Medical Evaluator Panel:

Physician's Name: PAUL (GURPAL) SANDHU, MD **Tel No.:** (888) 853-7944
Address: 870 MARKET ST STE 600
SAN FRANCISCO, CA 94102
Specialty: PAIN MEDICINE
In Practice Since: 2000
Physician's Education: OHIO STATE UNIVERSITY, COLUMBUS, OH
Physician's Training: ROTATING-RIVERSIDE HOSPITAL, COLUMBUS, OH, 1996-1997
PHYS MED & REHAB-HARVARD/MASS. GENERAL HOSPITAL, BOSTON, MA, 1997-2000

Physician's Name: WAYNE E ANDERSON, DO **Tel No.:** (888) 748-4057
Address: 155 VALENCIA ST
SAN FRANCISCO, CA 94103
Specialty: PAIN MEDICINE
In Practice Since: 1993
Physician's Education: UNIVERSITY OF HLTH SCIENCES, COLL OSTEO MED PACIFIC, POMONA, CA
Physician's Training: ROTATING-KAISER, SAN FRANCISCO, CA, 1993-1994
NEUROLOGY-UNIVERSITY OF CALIFORNIA, MARTINEZ, CA, 1995-1998

Physician's Name: GARY MARTINOVSKY, MD **Tel No.:** (510) 758-7462
Address: 2299 POST ST STE 211
SAN FRANCISCO, CA 94115-3473
Specialty: PAIN MEDICINE
In Practice Since: 2001
Physician's Education: STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD, CA
Physician's Training: INTERNAL MEDICINE-KAISER PERMANENTE, OAKLAND, CA, 2000-2001
ANESTHESIOLOGY-STANFORD MEDICAL CENTER, STANFORD, CA, 2001-2004

UAN: Farber Oakland
ERN: 7912453
Ruben Amezcuita
(510) 444 – 2512 x 130
Ruben.amezcuita@farberandco.com

PROOF OF SERVICE BY MAIL

I, the undersigned, am employed in the County of Alameda; I am over 18 years of age, and I am not a party to the within action; my business address is: Farber & Company Attorneys, P.C., 333 Hegenberger Road Suite 504, Oakland, CA. On June 3, 2019 I served the within:

REPLACEMENT PANEL QME REQUEST

on the parties listed below in said action by placing a true and correct copy thereof in a sealed envelope with the required postage therein, fully prepaid, for collection and mailing on the date and at the place shown below following ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that this correspondence was placed for collection and mailing, it was deposited in the ordinary course of business in a sealed envelope with postage fully prepaid and deposited in the United States mail at Oakland CA, addressed as follows:

DWC – Medical Unit
P.O. Box 71010
Oakland, CA 94612

Mario Castro
Chubb Group Los Angeles
PO Box 30850
Los Angeles, CA 90030

Chubb Group Los Angeles
PO Box 30850
Los Angeles, CA 90030

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on June 3, 2019 at Oakland, CA.



Samantha Lopez